leasing options
helping businesses finance technology wisely

COMMERCIAL LEASE APPLICATION

Leasing Options, LLC • TBaker@LeasingOptionsLLC.com
800-706-9907 Toll Free • 610-269-9295 PA • 610-269-9298 Fax

ocean eye, inc.

ALL SECTIONS MUST BE FILLED OUT IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

▶ APPLICANT BUSINESS INFORMATION

Company Legal Name & DBA, if applicable _____

Billing Address _____

City _____ State _____ Zip _____ County _____

Delivery Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Fax _____ Email Address _____

Contact _____ Web Site _____

Date Incorporated _____ Years in Business _____ ❑ Proprietorship ❑ Partnership ❑ Corporation ❑ LLC

Nature of Business _____ Federal Tax ID _____

▶ GUARANTOR INFORMATION

Primary Name _____

Title _____ SS# _____ Home Phone _____

Address _____ City _____ State _____ Zip _____ County _____

Secondary Name _____

Title _____ SS# _____ Home Phone _____

Address _____ City _____ State _____ Zip _____ County _____

▶ BUSINESS BANK INFORMATION

Bank Name _____ Account # _____ Date Open _____

Officer _____ Telephone _____ Account Type ❑ Ckg ❑ Svg ❑ CD ❑Loan

Bank Name _____ Account # _____ Date Open _____

Officer _____ Telephone _____ Account Type ❑ Ckg ❑ Svg ❑ CD ❑Loan

▶ TRADE REFERENCES

Supplier _____

Contact _____ Telephone _____ Fax _____

Supplier _____

Contact _____ Telephone _____ Fax _____

▶ VENDOR EQUIPMENT INFORMATION

Vendor Name _____

Telephone _____ Fax _____ Contact _____ Web Site _____

Equipment Leased _____ Cost (without taxes) _____

❑ New ❑ Used (if Used, Year Mfrd) _____ Lease Term (in months) ❑ 24 ❑ 36 ❑ 48 ❑ 60

End of Term Options ❑ $1 ❑ 10% ❑ FMV

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Leasing Options, LLC to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information you provide will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Leasing Options, LLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Leasing Options, LLC by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

Signature X _____ Date _____

Signature X _____ Date _____

Please fax the completed and signed application to 610-269-9298. Thank You.